

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5387



January 26, 1984

ALL-COUNTY LETTER NO. 84-14

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ZAPATA v. WOODS: NOTICE OF ACTION EXPLANATIONS


REFERENCE:

Attached are examples of the typical Notice of Action (NOA) explanations (Attachments II-V) which are to be used for informing claimants in the above-referenced court decision of the disposition of their claims. The explanations provided are not all inclusive. You will need to develop additional explanations to meet individual case circumstances. These explanations have been reviewed by Plaintiffs' attorney in the Zapata case and the Southern Counties Task Force.

This letter transmits only the English version of the explanations. The translation in Spanish will be forthcoming.

The explanations will appear on the NA 290 and NA 990. However, modifications must be made to the forms prior to their use in court decisions involving retroactivity (Attachment I). You may copy the attached modified NA 290 and NA 990 for use or make the modifications to existing forms. The attached explanations will appear on the modified NA 290 and NA 990 as shown in Attachment VI.

If there are questions, please contact Joe Carleton at (916) 322-5387.


KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

Attachment I

NA 290 and NA 990 Changes

Because there is currently no Notice of Action (NOA) form which is compatible with actions taken on claims for retroactive benefits, the Department plans to have counties alter the current NA 290 (for manual counties) and NA 990 (for computer counties) to suit those needs until a new form can be printed and approved. The changes to the forms are minor:

FRONT:

1. The effective date of the action has been omitted from the NA 290 because action taken on claims for retroactive benefits do not affect a recipient's current eligibility or benefits. Please note that the NOA explanations detail the disposition of each claim.
2. The State Hearing section of both the NA 290 and NA 990 has been altered in two ways. Because the disposition of the claim for retroactive benefits has no effect on current eligibility and grant amount, the aid paid pending clause does not apply and has been deleted. Additionally, because there is no effective date of the action, wording dealing with the time frames for filing for a state hearing has been amended to clarify that a hearing request must be made within 90 days of the date of the NOA.

BACK:

The current NA Back 3 will be used with the modified Front.

96191-680 10/82 4E M CHIP - C

NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER.

IF YOU WANT A SPANISH TRANSLATION OF THIS
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL DE
ESTE PAPEL, LLAME A SU TRABAJADOR (A) DE
ELEGIBILIDAD.

DATE: _____ STATE NUMBER: _____

ELIGIBILITY WORKER:
ADDRESS: _____

TELEPHONE: _____
CASE NAME: _____

REGULATIONS. THIS ACTION IS REQUIRED BY STATE REGULATIONS WHICH ARE AVAILABLE
FOR REVIEW AT THE COUNTY WELFARE DEPARTMENT. MANUAL OF POLICIES AND PROCEDURES
(MPP) SECTION(S) _____

STATE WELFARE REGULATIONS ARE AVAILABLE FOR REVIEW AT THE LOCAL OFFICE OF THE COUNTY WELFARE DEPARTMENT. **WITHIN NINETY**
STATE HEARING. IF YOU BELIEVE THIS ACTION IS WRONG, **You must** **ASK FOR A STATE HEARING** ~~BEFORE THE EXPIRATION~~
~~DATE OF THE ACTION.~~ READ THE BACK FOR **IMPORTANT INFORMATION ABOUT YOUR RIGHT TO** **APPEAL THIS ACTION.**
(90) DAYS OF THE DATE OF THIS NOTICE.

Notice of Action—Continued

Case Name :

Case Number :

Date of Notice :

Attachment II

Denials

All denial actions will appear on the changed NA 290 or NA 990 (Attachment I).

Purpose and Nature of the Notice

Use this notice to deny all or a part of a claim because the claimant failed to meet the requirements of MPP Section(s) 50-011.313, .315, .41, .421, .422, .423, .424, .425, .426, .427, and/or .43.

Form Content

Zapata v. Woods Back AFDC Payment Denied. Your request for back AFDC payment has been denied for the period from _____ through _____,
(date) (date)

because:

Examples of the reason for denial include, but are not limited to, the following:

- a. You are not eligible for payments based on the Zapata decision because when we originally denied/discontinued your AFDC benefits it was not for the sole reason that your child(ren) was receiving SSI.

MPP Section 50-011.41

- b. Your claim does not fall within the Zapata v. Woods retroactive period.

MPP Section 50-011.41

- c. You failed to submit your claim prior to the final filing date of April 30, 1984. According to our records, your claim was submitted on _____.
(date)

MPP Section 50-011.313

- d. Your children were not deprived of parental care or support because the second parent was not deceased, neither you nor the second parent living in the home had a physical or mental illness, defect or impairment that reduced or eliminated the ability to care for or support your children, both you and the second parent living in the home were working on an average of over 100 hours per month, and neither you nor the second parent living in the home was physically absent from the home for more than a short period of time.

MPP Section 50-011.421

- h. You failed to supply the information/proof we requested on _____ prior to the cut-off date specified on the _____ (date) request. Without this information/proof, we are unable to establish your eligibility to receive a Zapata back payment for the period specified above.

(See attached copy of the "Request for Information/Proof.")

MPP Sections 50-011.43 and 50-011.47

- i. You failed to cooperate in obtaining the information/proof needed to process your claim.

(See attached copy of the "Request for Information/Proof.")

MPP Sections 50-011.315 and 50-011.47

Notes on Completing the Notice

- (1) Fill in the dates which the denial is affecting. These dates may encompass the entire claim period or a portion thereof. In the event that more than one portion of the claim period is being denied, for whatever reason(s), a separate denial must be sent for each portion being denied.
- (2) You will need to attach additional pages, as appropriate, to provide the substantiation for the reason of denial. These additional pages may include, but are not limited to: computation sheets; copy of the Request for Additional Information/Proof; or other documents supporting the reason for the denial. Clearly number all pages.
- (3) When the denial is for only a portion of the claim period, the NA 290 or NA 990 must contain the following statement:

"The balance of your claim is being processed. You will receive other notices informing you about the rest of your claim."

Attachment III

Claims Which Cannot Be Processed

The explanation will appear on the revised NA 290 or NA 990 (Attachment I).

Purpose and Nature of the Notice

Use this notice to request additional/missing information/verification needed in order to process the claim pursuant to MPP Section 50-011.47.

Form Content

Zapata v. Woods Need For Information/Proof. Your claim for a back AFDC payment cannot be processed because you have not provided necessary information/proof. You must provide the information/proof listed below on or before _____ (date)

to have your claim properly processed.

If we do not receive the information/proof by the deadline indicated above, that portion of your claim for which we need the information/proof will be denied. You will receive another notice explaining any action which may be taken as a result of your response to this request.

<u>Period</u>		<u>Information/Proof Needed</u>
From _____	through _____	_____
From _____	through _____	_____
From _____	through _____	_____
From _____	through _____	_____

If you have any questions or need assistance in providing the information/proof described above, please contact your worker.

MPP Section 50-011.47

Notes on Completing the Notice

- 1) Fill in the date establishing the deadline for submission of the requested information/proof. Indicate the period(s) of time for which the information/proof is needed. Specify exactly what information/proof is requested and why.
- 2) When the request is being sent to obtain complete information, attach a copy of the claim form (TEMP 1587) with the item(s) needing completion indicated in order to help the claimant understand what is being requested. For example, if the request is based on the missing signature of the second parent, the explanation should read as follows:

"The signature of _____ is missing from the
(name)
claim form. We must have him/her sign the form in order for you to receive a back payment including him/her. Please have him/her sign the copy of the claim form attached, in the space indicated."

Attachment IV

Approval

The approval will appear on the revised NA 290 or NA 990 (Attachment I).

Purpose and Nature of the Notice

Use this notice to approve all or a part of a claim.

Form Content

Zapata v. Woods Back AFDC Payment Approval. Your back AFDC payment has been approved for the period from _____ through _____, in the amount of \$_____.

Computation of Back Payment

(1) Maximum Aid Payment for _____ person(s) from $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
(date)
to $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$ (\$_____ x _____ mos.) = \$ _____
(date)

(2) Maximum Aid Payment for _____ person(s) from $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
(date)
to $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$ (\$_____ x _____ mos.) = \$ _____
(date)

(3) Maximum Aid Payment for _____ person(s) from $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
(date)
to $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$ (\$_____ x _____ mos.) = \$ _____
(date)

(4) Maximum Aid Payment for _____ person(s) from $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$
(date)
to $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$ (\$_____ x _____ mos.) = \$ _____
(date)

Total Maximum Aid Payment (1) + (2) + (3) + (4)	= \$ _____
Total Net Nonexempt Income (See page _____)	- \$ _____
Total Back Aid	= \$ _____
Overpayment Adjustment	- \$ _____
Total Back Payment	= \$ _____

The following actions have been or are being taken that affect the amount of back AFDC payment you are receiving.

☐ No other action has been taken.

Notes on Completing the Notice

- 1) For the Disallowance of Deductions, fill in the name of the individual with the earnings whose deductions/disregards are being disallowed. Indicate the period of time the deduction was claimed, the deduction being disallowed, and the amount. If the reason relates to the failure to provide the needed information/proof, fill in the date that a response to Need for Information/Proof was due and the date it was mailed. A copy of this notice must be attached to provide documentation of the dates entered.
- 2) For the Denial of Inclusion of a person in the Assistance Unit, fill in the name of the person not being included, and check the appropriate box as to the reason for denial. If the reason is the lack of a signature, fill in the date that a response to Need for Information/Proof was due and the date it was mailed. A copy of the Need for Information/Proof notice must be attached to provide documentation of the dates entered.
- 3) For the computation of net nonexempt income, fill in the name(s) of those persons included in the Assistance Unit and complete the computation. When the net nonexempt income must be calculated for any period prior to and after December 1981, both continuation pages must be attached to either the Denial or Approval Notice. Carry the total from the computation page for the period prior to December 1981 over to the computation page for the period from December 1981 forward to arrive at a grand total.

Attachment V

Continuation Page - Net Nonexempt Income Computation

The continuation message will appear on the Zapata v. Woods Continuation Page (Attachment I) and must be used with a Notice of Action. The continuation page cannot stand alone.

Purpose and Nature of this Page.

Use this page to show the calculation of the net nonexempt income of the Assistance Unit. This page will be used in conjunction with either the Denial (Attachment II) or Approval (Attachment IV) Notice.

Form Content:

I. Disallowance of Deductions from Earnings.

Zapata v. Woods Back AFDC Payment - Disallowance of Earnings Deduction.

The following deduction(s) from the earnings of _____ have
(Name)
not been allowed in figuring the amount of net nonexempt income because:

<u>Period</u>	<u>Deduction Disallowed</u>	<u>Amount</u>
From <u> / </u> to <u> / </u> (date) (date)	_____	\$ _____
From <u> / </u> to <u> / </u> (date) (date)	_____	\$ _____
From <u> / </u> to <u> / </u> (date) (date)	_____	\$ _____
From <u> / </u> to <u> / </u> (date) (date)	_____	\$ _____
From <u> / </u> to <u> / </u> (date) (date)	_____	\$ _____

(Examples of the reason for disallowance of deduction(s) include, but are not limited to, the following:)

- a) The information/proof that was provided on your claim form was not enough to allow the deduction listed below and you did not provide the additional/missing (select appropriate term) information/proof by the deadline of _____. (See attached Zapata v. Woods - Need for Information/Proof dated _____.)

MPP Section 50-011.521(f).

- b) From December 1, 1981 through January 31, 1984, we cannot allow the work-related expenses(s) listed below because of a change in the law that no longer allows the expense(s) to be deducted from earnings.

MPP Section 50-011.522.

III. Net Nonexempt Income Computation for Income Received Before December 1, 1981

	(1)	(2)	(3)
	Name	Name	Name
Total Earned Income from _____ to _____ =	\$	\$	\$
Total Earned Income from _____ to _____	\$	\$	\$
Total Earned Income from _____ to _____	\$	\$	\$
No. of Months for Which the Earnings Covered :	[]	[]	[]
Disregard: \$30 (number of months X \$30) -	\$	\$	\$
Subtotal =	\$	\$	\$
Disregard: One-third of subtotal -	\$	\$	\$
Inc. Tax, Soc. Security and Disability Ins. -	\$	\$	\$
Work-Related Expenses -	\$	\$	\$
Child Care Expenses -	\$	\$	\$
Other Countable Income: _____ +	\$	\$	\$
_____ +	\$	\$	\$
_____ +	\$	\$	\$
Court-Ordered Child Support Paid -	\$	\$	\$
Net Nonexempt Income =	\$	\$	\$

Total Net Nonexempt Income (Total of Columns 1+2+3)....\$ _____

IV. Net Nonexempt Income Computation for Income Received on or After December 1, 1981.

	(1)	(2)	(3)
	Name	Name	Name
Total Earned Income from _____ to _____ =	\$	\$	\$
Total Earned Income from _____ to _____	\$	\$	\$
Total Earned Income from _____ to _____	\$	\$	\$
Inc. Tax, Soc. Security and Disability Ins. -	\$	\$	\$
Standard Work Expense Disregard -	\$	\$	\$
Dependent Care Disregard -	\$	\$	\$
No. of Mos. \$30 & 1/3 Disregard Allowable :	[]	[]	[]
Disregard: \$30 (number of months X \$30) -	\$	\$	\$
Subtotal =	\$	\$	\$
Disregard: One-third of the Portion of the Subtotal Allowable (Subtotal divided by Total No. Months which the Earnings Covered X the Number of Months \$30 and 1/3 is Allowable) -	\$	\$	\$
Other Countable Income: _____ +	\$	\$	\$
_____ +	\$	\$	\$
_____ +	\$	\$	\$
Court-Ordered Child Support Paid -	\$	\$	\$
Net Nonexempt Income =	\$	\$	\$

Total Net Nonexempt Income (Total of Columns 1+2+3)....\$ _____

Total Net Nonexempt Income before January 1982 (from
Page _____)

Grand Total Net Nonexempt Income \$ _____

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Attachment VI A
Case Number : Exemplar - Manual
Worker : Counties
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective // the following action is being taken

Zapata v. Woods, Back AFDC Payment Denied. Your request for back AFDC payment has been denied for the period from January 1980 through November 30, 1980, because: your eligibility to receive a back AFDC payment stopped when your child(ren) reached the age of 21. According to our records John Doe reached the age of 21 on December 21, 1979. An AFDC child's age limit for the period specified above was 21 years of age.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 50.011.422

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, you must ask for a State Hearing ~~you must ask~~ ^{within} 90 days of the date of this notice. Read the back for important information about your right to appeal this action.
NA 290 (8/82) Cash Aid/MC—General Notice

NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER

IF YOU WANT A SPANISH TRANSLATION OF THIS
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL DE
ESTE PAPEL, LLAME A SU TRABAJADOR (A) DE
ELEGIBILIDAD.

ATTACHMENT VI B
EXEMPT - COMPUTER
COUNTIES

STANDARD
FEE

REGIONAL
FEE

ZAPATA V. WOODS, BACK AFDC PAYMENT DENIED. YOUR REQUEST FOR BACK AFDC PAYMENT HAS
BEEN DENIED FOR THE PERIOD FROM JANUARY 1980 THROUGH NOVEMBER 30, 1980, BECAUSE:
YOUR ELIGIBILITY TO RECEIVE A BACK AFDC PAYMENT STOPPED WHEN YOUR CHILD(REN)
REACHED THE AGE OF 21. ACCORDING TO OUR RECORDS JOHN DOE REACHED THE AGE OF 21 ON
DECEMBER 21, 1979. AN AFDC CHILD'S AGE LIMIT FOR THE PERIOD SPECIFIED ABOVE
WAS 21 YEARS OF AGE.

REGULATIONS. THIS ACTION IS REQUIRED BY STATE REGULATIONS WHICH ARE AVAILABLE
FOR REVIEW AT THE COUNTY WELFARE DEPARTMENT. MANUAL OF POLICIES AND PROCEDURES
(MPP) SECTION(S) 50-011.422.

STATE WELFARE REGULATIONS ARE AVAILABLE FOR REVIEW AT THE LOCAL OFFICE OF THE COUNTY WELFARE DEPARTMENT.
STATE HEARING. IF YOU BELIEVE THIS ACTION IS WRONG, YOU
~~READ THE BACK FOR~~ IMPORTANT INFO

MUST ASK

FOR A STATE HEARING ~~READ THE BACK FOR~~
APPEAL THIS ACTION.

(90) DAYS OF THE DATE OF THIS NOTICE.
NA990 N (REV. 1/87)

WITHIN NINETY

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Attachment VI A
Case Number : Exemplar - Manual
Worker : Counties
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective // the following action is being taken //

Zapata v. Woods - Need For Information/Proof. Your claim for a back AFDC payment cannot be processed because you have not provided necessary information/proof. You must provide the information/proof listed below on or before April 13, 1984 in order to have your claim properly processed.

If we do not receive the information/proof by the deadline indicated above, that portion of your claim for which we need the information/proof may be denied.

You will receive another notice explaining any action which may be taken as a result of your response to this request.

Period

From January 1980 through November 30, 1983

Information/Proof Needed

The signature of John Doe is missing from the claim form. We must have him sign the form in order for you to receive a back payment including him. Please have him sign the copy of the claim form attached, in the space indicated.

If you have any questions or need assistance in providing the information/proof described above, please contact your worker.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 50-011.47

Medi-Cal — California Administrative Code Title 22, Section(s) _____ you must ask _____ within _____

State Hearing. If you are dissatisfied with this action, you ~~may continue unchanged if you ask~~ for a State Hearing ~~before the effective date of the action.~~ Read the back for important information about your right to appeal this action.

90 days of the date of this notice.

NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER.

IF YOU WANT A SPANISH TRANSLATION OF THIS
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL D
ESTE PAPEL, LLAME A SU TRABAJADOR (A) D
ELEGIBILIDAD.

ATTACHMENT VI B
EXEMPLAR - COMPUTER
COUNTIES

Description of the Action, Amount, Reason(s), Comments. Effective the following action is being taken.

ZAPATA V. WOODS - NEED FOR INFORMATION/PROOF. YOUR CLAIM FOR A BACK AFDC PAYMENT
CANNOT BE PROCESSED BECAUSE YOU HAVE NOT PROVIDED NECESSARY INFORMATION/PROOF. YOU
MUST PROVIDE THE INFORMATION/PROOF LISTED BELOW ON OR BEFORE APRIL 13, 1984 IN
ORDER TO HAVE YOUR CLAIM PROPERLY PROCESSED.

IF WE DO NOT RECEIVE THE INFORMATION/PROOF BY THE DEADLINE INDICATED ABOVE, THAT
PORTION OF YOUR CLAIM FOR WHICH WE NEED THE INFORMATION/PROOF MAY BE DENIED.

YOU WILL RECEIVE ANOTHER NOTICE EXPLAINING ANY ACTION WHICH MAY BE TAKEN AS A
RESULT OF YOUR RESPONSE TO THIS REQUEST.

PERIOD

FROM JANUARY 1980 THROUGH NOVEMBER 30, 1983

INFORMATION/PROOF NEEDED

THE SIGNATURE OF JOHN DOE IS
MISSING FROM THE CLAIM FORM. WE
MUST HAVE HIM SIGN THE FORM IN
ORDER FOR YOU TO RECEIVE A BACK
PAYMENT INCLUDING HIM. PLEASE
HAVE HIM SIGN THE COPY OF THE
CLAIM FORM ATTACHED, IN THE
SPACE INDICATED.

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN PROVIDING THE INFORMATION/PROOF
DESCRIBED ABOVE, PLEASE CONTACT YOUR WORKER.

REGULATIONS. THIS ACTION IS REQUIRED BY STATE REGULATIONS WHICH ARE AVAILABLE
FOR REVIEW AT THE COUNTY WELFARE DEPARTMENT. MANUAL OF POLICIES AND PROCEDURES
(MPP) SECTION(S) 50-011.47.

STATE WELFARE REGULATIONS ARE AVAILABLE FOR REVIEW AT THE LOCAL OFFICE OF THE COUNTY WELFARE DEPARTMENT.
STATE HEARING. IF YOU BELIEVE THIS ACTION IS WRONG, YOU
~~KNOW YOUR RIGHTS. READ THE BACK FOR~~ IMPORTANT INFO
(90) DAYS OF THE DATE OF THIS NOTICE.
NA990 N (REV. 1/82)

MUST ASK

FOR A STATE HEARING ~~IF YOU DO NOT~~
APPEAL THIS ACTION.

WITHIN NINETY

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :	-
Case Number :	Attachment VI A
Worker :	Exemplar - Manual
Phone :	Counties
Date :	

Description of the Action, Amount, Reason(s), Comments. Effective 11/1/88, the following action is being taken:

Zapata v. Woods, Back AFDC Payment Approval. Your back AFDC payment has been approved for the period from January 1977 through May 1978, in the amount of \$1,158.00.

Computation of Back Payment

1)	Maximum Aid Payment for <u>1</u> person from <u>1/77</u> to <u>6/77</u> (<u>\$166</u> x <u>6</u> mos) =	<u>\$ 996</u>
2)	Maximum Aid Payment for <u>1</u> person from <u>7/77</u> to <u>5/78</u> (<u>\$175</u> x <u>11</u> mos) =	<u>\$1,925</u>
	Total Maximum Aid Payment (1) + (2)	= <u>\$2,921</u>
	Total Net Nonexempt Income (see page <u>2</u>)	= <u>\$1,763</u>
	Total Back Aid	= <u>\$1,158</u>
	Overpayment Adjustment	= <u>\$ 0</u>
	Total Back Payment	= <u>\$1,158</u>

The following actions have been or are being taken that affect the amount of back AFDC payment you are receiving:

☒ No other action has been taken.

 The following action(s) have been taken:

 Disallowance of deduction(s). (See page)

☐ Denial of a portion of your claim. (See copy of the Notice of Action attached.)

 Denial of inclusion of a person into the Assistance Unit
(see page).

☐ Amount of Overpayment being adjusted (see copy of the Notice of Action attached).

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 50-011.5 and 50-011.6

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, you may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

90 days of the date of this

Notice of Action—Continued

Case Name :
Case Number :
Date of Notice :

Net Nonexempt Income Computation For Income Received Before January 1982

	(1)	(2)	(3)
	Name	Name	Name
	Mary Doe		
Total Earned Income from 1/77 to 11/77	= \$3,200	\$	\$
	\$	\$	\$
	\$	\$	\$
Number of months from which the earnings covered:	[11]	[]	[]
Disregard: \$30 (Number of months x \$30)	- \$ 330	\$	\$
Subtotal	= \$2,870	\$	\$
Disregard: 1/3 of Subtotal	- \$ 957	\$	\$
Inc. Tax, Soc. Sec. and Disability Ins.	- \$ 360	\$	\$
Work-related Expenses	- \$ 0	\$	\$
Child Care Expenses	- \$ 0	\$	\$
Other Countable Income: Interest from Savings	+ \$ 10	\$	\$
Unemployment Insurance Benefits	+ \$ 200	\$	\$
	- \$	\$	\$
Court Ordered Child Support Paid	- \$ 0	\$	\$
Net Nonexempt Income	+ \$1,763	\$	\$
Total Net Nonexempt Income (Total of Columns 1 + 2 + 3)		\$1,763	

Zapata v. Woods - Continuation Page.

State Hearing. Read the back of Page 1 for important information about your right to appeal this action.

NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER

IF YOU WANT A SPANISH TRANSLATION OF THIS
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL
ESTE PAPEL, LLAME A SU TRABAJADOR (A)
ELEGIBILIDAD.

ATTACHMENT V1 B
EXEMPLAR - COMPUTER
COUNTIES

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

ZAPATA V. WOODS, BACK AFDC PAYMENT APPROVAL. YOUR BACK AFDC PAYMENT HAS BEEN
APPROVED FOR THE PERIOD FROM JANUARY 1977 THROUGH MAY 1978, IN THE AMOUNT OF
\$1,158.00.

COMPUTATION OF BACK PAYMENT

1)	MAXIMUM AID PAYMENT FOR 1 PERSON FROM 1/77 TO 6/77 (\$166 X 6 MOS) =	\$ 996
2)	MAXIMUM AID PAYMENT FOR 1 PERSON FROM 7/77 TO 5/78 (\$175 X 11 MOS) =	\$1,925
	TOTAL MAXIMUM AID PAYMENT (1) + (2)	= \$2,921
	TOTAL NET NONEXEMPT INCOME (SEE PAGE 2)	- \$1,763
	TOTAL BACK AID	= \$1,158
	OVERPAYMENT ADJUSTMENT	- \$ 0
	TOTAL BACK PAYMENT	= \$1,158

THE FOLLOWING ACTIONS HAVE BEEN OR ARE BEING TAKEN THAT AFFECT THE AMOUNT OF BACK
AFDC PAYMENT YOU ARE RECEIVING:

☒ NO OTHER ACTION HAS BEEN TAKEN.

☐ THE FOLLOWING ACTION(S) HAVE BEEN TAKEN:

☐ DISALLOWANCE OF DEDUCTION(S). (SEE PAGE ____)

☐ DENIAL OF A PORTION OF YOUR CLAIM. (SEE COPY OF THE NOTICE OF
ACTION ATTACHED.)

☐ DENIAL OF INCLUSION OF A PERSON INTO THE ASSISTANCE UNIT (SEE
PAGE ____).

☐ AMOUNT OF OVERPAYMENT BEING ADJUSTED (SEE COPY OF THE NOTICE OF
ACTION ATTACHED).

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of
Policies and Procedures (MPP) Section(s) 50-011.5 and 50-011.6

STATE WELFARE REGULATIONS ARE AVAILABLE FOR REVIEW AT THE SOCIAL SERVICES OF THE COUNTY WELFARE DEPARTMENT.

STATE HEARING. IF YOU BELIEVE THIS ACTION IS WRONG, YOU
MAY REQUEST A STATE HEARING. READ THE BACK FOR
IMPORTANT INFO.

MUST ASK

FOR A STATE HEARING. ~~READ THE BACK FOR~~
APPEAL THIS ACTION.

WITHIN NINETY

(90) DAYS OF THE DATE OF THIS NOTICE.

NAT 100 N (REV. 1/87)

NOTICE OF ACTION

IF YOU HAVE ANY QUESTIONS OR WANT MORE INFORMATION
ABOUT THIS NOTICE, PLEASE CONTACT YOUR WORKER.

IF YOU WANT A SPANISH TRANSLATION OF THIS
PAPER, CALL YOUR ELIGIBILITY WORKER

SI QUIERE UD UNA TRADUCCION EN ESPANOL DE
ESTE PAPEL, LLAME A SU TRABAJADOR (A) DE
ELEGIBILIDAD.

DATE: STATE NUMBER:

ELIGIBILITY WORKER:
ADDRESS:

TELEPHONE:
CASE NAME:

NOTICE OF ACTION - CONTINUED

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NET NONEXEMPT INCOME COMPUTATION FOR INCOME RECEIVED BEFORE JANUARY 1982

	(1)	(2)	(3)
	NAME	NAME	NAME
	MARY DOE		
TOTAL EARNED INCOME FROM 1/77 to 11/77	= \$3,200	\$	\$
	\$	\$	\$
	\$	\$	\$
NUMBER OF MONTHS FROM WHICH THE EARNINGS COVERED:	[11]	[]	[]
DISREGARD: \$30 (NUMBER OF MONTHS x \$30)	- \$ 330	\$	\$
SUBTOTAL	= \$2,870	\$	\$
DISREGARD: 1/3 OF SUBTOTAL	- \$ 957	\$	\$
INC. TAX, SOC. SEC. AND DISABILITY INS.	- \$ 360	\$	\$
WORK-RELATED EXPENSES	- \$ 0	\$	\$
CHILD CARE EXPENSES	- \$ 0	\$	\$
OTHER COUNTABLE INCOME: INTEREST FROM SAVINGS	+ \$ 10	\$	\$
UNEMPLOYMENT INSURANCE BENEFITS	+ \$ 200	\$	\$
	- \$	\$	\$
COURT ORDERED CHILD SUPPORT PAID	- \$ 0	\$	\$
NET NONEXEMPT INCOME	+ \$1,763	\$	\$
TOTAL NET NONEXEMPT INCOME (TOTAL OF COLUMNS 1 + 2 + 3)		\$1,763	

REGULATIONS. THIS ACTION IS REQUIRED BY STATE REGULATIONS WHICH ARE AVAILABLE
FOR REVIEW AT THE COUNTY WELFARE DEPARTMENT. MANUAL OF POLICIES AND PROCEDURES
(MPP) SECTION(S)

STATE WELFARE REGULATIONS ARE AVAILABLE FOR REVIEW AT THE LOCAL OFFICE OF THE COUNTY WELFARE DEPARTMENT.
STATE HEARING. IF YOU BELIEVE THIS ACTION IS WRONG, You must ASK FOR A STATE HEARING ~~WITHIN NINETY~~
~~DATE OF THE ACTION~~ READ THE BACK FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO APPEAL THIS ACTION.
(90) DAYS OF THE DATE OF THIS NOTICE.

BUDGET COPY